EXHIBIT

A

Papendick Deposition,

Case 2:16-cv 12113-MOB-APP

ECF No. 77-7 filed 10/15/18

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A. Specialty.
Q. Specialty, okay. Any other kind of reporting that you had to do as utilization management?
A. That was essentially it.
Q. And what did -- what was your job responsibilities in utilization management other

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than reporting?
A. Well, I evaluated cases -- case requests for whether they would be approved to go or be requested to make an alternative treatment plan.
Q. And where would the request come from?
A. One of the providers on site.
Q. Can you describe what the process is for a provider to request and --
A. They fill out a form on the electronic medical record and e-mail it to the secretarial staff that they have placed the form -- or placed the request, then review and place it into the computer for me to review.
Q. Okay. And with regard to your job as utilization management for Michigan, was there any other individual who had a similar responsibility at the same time as you?
A. No.
Q. So you would deal with all the requests for referrals coming from the Michigan -- from Michigan --
A. Directly or indirectly.
Q. What does directly -- how would you do it directly as opposed to indirectly?
A. There are a number of requests and

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procedures that are automatically approved.
Q. Okay. So what does that mean?
A. That means before it gets to me it's approved.
Q. So it's automatically approved. Then that means that you indirectly approve that because it's automatically approved?
A. Correct.
Q. Were there any policies or procedures on what was automatically approved, I mean written documents?
A. I don't know we'd be able to get any now.
Q. No, I'm just asking were there any?
A. There may have been but I think it was more common knowledge this is going to be.
Q. What things were automatically approved?
A. It's changed so much that -- follow-up for chemotherapy, follow-up while under active chemotherapy. I don't recall all of them back at that time.

Q. Okay, I don't need to know all of them. Which ones do you recall?
A. The chemotherapies are the ones that stick out.
Q. So you don't recall anything besides
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chemotherapy; is that what you're saying?
A. Correct.
Q. How about today, what are automatic?
A. I don't know how that's -- okay, today we're under the corporate -- we're doing this under corporate and first surgical follow-up on large surgical cases, the chemotherapy still. See, I don't see them so I don't have a -- I don't have a direct recollection of them because I don't see them. They go -- they never come to me.
Q. Are you saying those are the only two that you recall that you currently have as --
A. Offhand, yes.
Q. Okay, offhand. What does offhand mean?
A. That I can give you without going and asking someone or getting a report.
Q. Okay. And so would you have any criteria for determining whether some cases referred to or given an alternative treatment plan?
MR. CARDELLO: Object to form. You can answer if you understand it.
THE WITNESS: Well, it's a problem. If you're asking -- can you say it again?
MR. KUHN: Sure, go ahead. Repeat the question for me.
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(Reporter read back last question.)
THE WITNESS: Medical necessity. Medical necessity primarily is difficulty with activities of daily living, risks to life or limb.
BY MR. KUHN:
Q. All right. Any other criteria that you would use?
A. Well, we look at UpToDate as -- we tell the providers if it's in UpToDate that it will most likely be done.
Q. And what is UpToDate?
A. It's a database online that specialists put in their practice into documents that we can look at.
Q. Do you refer to UpToDate in making your decisions on whether to refer a person for consultation or give them an alternative treatment plan?
A. UpToDate tends to be specialty driven, and so as you can imagine, if a specialist has a chance of seeing the patient they're going to say that they need to be seen. A lot of problems they